## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulations. OF STATE

|  | e, 500 E. Capitol, Pierre, SD     | 57501-5077                         |
|--|-----------------------------------|------------------------------------|
| 1. TITLE OF NEWSPAPER Kadoka Pres  | SS                                | 2. DATE 10-3-12                    |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES  | PUBLISHED ANNUALLY                | 3B. ANNUAL SUBSCRIPTION            |
| Weekly 52  |                                   | PRICE \$ 35 local \$42 other tax   |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)                      |                                   |                                    |
| (Not printers) = 5754.2 - 1  |                                   |                                    |
| Kadoka Press, Po Box 309,915 main St., Kadoka Jackson Co., SD 0309   |                                   |                                    |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE   |                                   |                                    |
| PUBLISHER (Not printers) On back   |                                   | 1                                  |
| C FULL MANCE OF DUDI ISHED.  | avellette                         |                                    |
| 7. OWNER (If owned by a corporation, its name and add  | ress must be stated and list on t | he back of this form the names and |
| addresses of stockholders owning or holding I percent or more of total amount of stock. If not owned by a corporation, the   |                                   |                                    |
| names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name |                                   |                                    |
| and address, as well as that of each individual must be given.   |                                   |                                    |
| FULL NAME COMPLETE MAILING ADDRESS   |                                   |                                    |
| on back  |                                   | 6                                  |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1  |                                   |                                    |
| PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so                               |                                   |                                    |
| state. If more space is needed, list on back of this form  | •                                 |                                    |
| on back  |                                   | 1                                  |
|  | AVERAGE NO. CO                    | OPIES ACTUAL NO CORES              |
| 9. EXTENT AND NATURE OF CIRCULATION  | EACH                              | ACTUAL NO. COPIES ISSUED           |
| y. D. H. D. K. H. G. L. G. C. G. C. G. C. G.   | ISSUED PRECEDI                    | NG 12 NEAREST TO FILING DATE       |
| A.TOTAL NO. COPIES (Net Press Run)   | MONTHS                            |                                    |
|  | 000                               | 800                                |
| B.PAID AND/OR REQUESTED CIRCULATION  1. Sales through dealers and carriers, street vendors                                   | and                               |                                    |
| counter sales.   | and   155                         | 160                                |
| 2. Mail Subscription   |                                   |                                    |
| (Paid and or requested)  | 544                               | 536                                |
| C.TOTAL PAID AND/OR REQUESTED CIRCULAT   | TION .                            |                                    |
| (Sum of 9B1 and 9B2)   | 699                               | 696                                |
| D.FREE DISTRIBUTION  | 1.0                               |                                    |
| 1. BY MAIL, CARRIER OR OTHER MEANS   | 43                                | 44                                 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER  |                                   |                                    |
| COPIES   |                                   | _                                  |
| E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)   | 742                               | 740                                |
| F. COPIES NOT DISTRIBUTED  |                                   |                                    |
| Office use, left over, unaccounted, spoiled after pr   | inting53                          | 53                                 |
| 2. Return from News Agents   | 5                                 | 7                                  |
| G.TOTAL (Sum of E, F1 and F2 - Should equal net press ru<br>shown in A)  | 800                               | 800                                |
| Statement must be signed by Publisher, Business  |                                   |                                    |
| I swear that the statements made by me are   |                                   |                                    |
| 11 10 1/ 1/1/  |                                   |                                    |
| Klull Karthon Publish  |                                   |                                    |
| (Signature) (Title)  |                                   |                                    |
| 1-0  |                                   |                                    |
| State of South Dekota Sworn to before me this 3 rday of Oct 20/2   |                                   |                                    |
| State of South Dakota ) Soleno Haynes  |                                   |                                    |
| County of Hackon ) Notary Public   |                                   |                                    |
| ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  | <i>V</i>                          | 1/ 2                               |
| (Seal) My commission expires: $9-3-20/3$   |                                   |                                    |

## Owners:

Ravellette Publications, Inc. P O Box 788 Philip, SD 57567-0788

Donald Ravellette P O Box 633 Philip, SD 57567-0633

## **Bondholders, Mortgages & Other Security Holders:**

First National Bank P O Box 910 Philip, SD 57567-0910